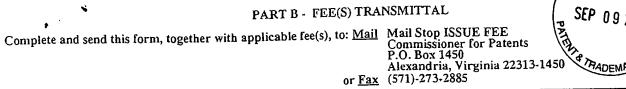
PART B - FEE(S) TRANSMITTAL



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NSTRUCTIONS: This ppropriate. All further of	form should be used for correspondence including d below or directed oth	or transmitting the ISSUI g the Patent, advance ord erwise in Block 1, by (a)	E FEE and PUBLICATION () specifying a new co	ATION FEE (if requi of maintenance fees w crespondence address;	red). Blocks I through 5 s ill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
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92793 Oliff & Berridg P.O. Box 320850 Alexandria, VA)	2010	· <u>1</u>	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/586,486	12/12/2006		Annie Andrieux		128765	4235	
TITLE OF INVENTION AND AUTISM	: USE OF EPOTHILON	ES IN THE TREATME	NT OF NEURONAL	CONNECTIVITY DE	FECTS SUCH AS SCHIZO		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	МО	\$1510	\$300	\$0	\$1810	09/09/2010	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
CORNET, JEAN P 1628		514-308000	000 99/10/2010 LNGUYEN2 00000059 10586486				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list 1561 (1) the names of up to 3 registered patent automeys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI itut National missaciata !	less an assignee is iden th in 37 CFR 3.11. Com GNEE de 1a Sante e Energie Atomi	the la Recher que 3) Helmhi r categories (will not be p	data will appear on to the substitute for filin (B) RESIDENCE: (Che Medical poltz Zentrum strinted on the patent):	the patent. If an assign an assignment. CITY and STATE OR C For Infektion Individual	COUNTRY) 2 S for school GME Corporation or other private	group entity Government	
_	are submitted: No small entity discount # of Copies	permitted)	A check is enclo	yment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Check # 231827 \$1810 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).			
a Applicant clair	atus (from status indicat ns SMALL ENTITY sta	nis, See 37 CFR 1.27.	☐ b. Applicant is a	no longer claiming SM	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
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Authorized Signatur Typed or printed na	me Jennifer	S. Kazanciy		Registration	eptember 9, 2 No. 66,924		
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